# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2005**
**Secretary of State**

DOCUMENT# P24488

**Entity Name:** CONSOLIDATED MEDICAL PROPERTIES, INC.

**Current Principal Place of Business:**

3715 NORTHSIDE PARKWAY
300 NORTHCREEK, SUITE 105
ATLANTA, GA 30327

**New Principal Place of Business:**

**Current Mailing Address:**

3715 NORTHSIDE PARKWAY
300 NORTHCREEK, SUITE 105
ATLANTA, GA 30327

**New Mailing Address:**

**FEI Number: 58-1825685** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEY, THERESA M ESQ
FORD JETER BOWLUS & DUSS
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MCCLAIN, WILLIAM A.,
Address: 3715 NORTHSIDE PKWY.#105
City-St-Zip: ATLANTA, GA

Title: AS ( ) Delete
Name: GROUT, ROBERT W.,
Address: 600 PEACHTREE ST STE 5600
City-St-Zip: ATLANTA, GA

Title: VP ( ) Delete
Name: MCCLAIN IV, WILLIAM A
Address: 3715 NORTHSIDE PKWY, STE-105 BDG-300
City-St-Zip: ATLANTA, GA 30327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. MCCLAIN III PRES 02/03/2005

Electronic Signature of Signing Officer or Director — Date